

IN THE CLAIMS

1. (currently amended) A method of managing the use of a medical insurance scheme by members thereof including:

- receiving a premium or contribution payment from members of the medical insurance scheme;
- providing to members who pay such premiums or make such contributions, relevant health services, and/or assistance in defraying expenses incurred in connection with rendering such relevant health services;
- defining a plurality of health-related facilities and/or services;
- offering the facilities and/or services to members of the medical insurance scheme;
- monitoring use of the facilities and/or services by each member;
- allocating a credit value to each member according to their use of the facilities and/or services; and
- allocating rewards to members who accumulate credit values exceeding predetermined values.

2. (original) A method according to claim 1 wherein the plurality of health-related facilities and/or services includes at least one of the group consisting of membership of health clubs, membership of gymnasiums, membership of fitness programs, weight loss programs and programs to quit smoking.

3. (original) A method according to claim 2 wherein the plurality of health-related facilities and/or services further includes predetermined preventive medical procedures.

4. (original) A method according to claim 2 wherein the plurality of health-related facilities and/or services further includes a medical advice service.
5. (original) A method according to claim 2 wherein the plurality of health-related facilities and/or services further includes predetermined procedures.
6. (original) A method according to claim 5 wherein the predetermined procedures include at least one of the group consisting of advance pre-authorization of hospitalization, advance pre-authorization of treatment, registration for electronic funds transfer and compliance with preferred procedures.
7. (original) A method according to claim 1 wherein a reward allocated to a member is linked to the amount of the member's annual claims or whether or not the member has been hospitalized in a predetermined period of time.
8. (original) A method according to claim 7 wherein the reward allocated to the member includes at least one of the group consisting of: prizes allocated on the basis of a draw, the magnitude of a member's credit value being related to the chance of winning the draw; access to health-related facilities and/or services for family members; decreased premium payments according to a predetermined scheme; and increased benefit payments according to a predetermined scheme.

9. (original) A method according to claim 1 wherein a reward allocated to a member is not actually given to the member before a predetermined period has passed or the member has attained a predetermined age.
10. (currently amended) A method according to claim 9 wherein the reward allocated is forfeited by the member if they are not still a member of the medical aid insurance scheme after the predetermined period has passed or after the member has attained such predetermined age.
11. (canceled)
12. (previously presented) A method according to claim 3 wherein the preventive medical procedures include vaccinations.
13. (canceled)
14. (previously presented) A method according to claim 13 including:
the provider offering the facilities and/or services in conjunction with third party service providers that provide health related facilities and/or services; and
monitoring the use of the facilities and/or services by members by receiving information from the third party service providers detailing the use of the health related facilities and/or services by the members.

15. (previously presented) A method according to claim 14 wherein the members only pay a once off activation fee to gain access to the plurality of health related facilities and/or services.